



**SEIU**Healthcare®  
United for Quality Care

Please hand your card to your delegate / organizer or send your completed form via mail, email, or fax to:

**15 S. Grady Way #200 Renton, WA 98057**  
**membership@seiu1199nw.org**  
**425.917.9707 (fax)**

For more information call or email:

**1-800-422-8934 • membership@seiu1199nw.org**

Visit our website or find us on Facebook.

**www.seiu1199NW.org**

NOTICE TO BARGAINING UNIT MEMBERS. Your union collective bargaining agreement contains a union security clause which describes your obligation to provide financial support to the union. You have a right to be or remain a non-member. If you elect to be a non-member of the union, you will limit your financial obligation to the payment of fees equal to the standard initiation fee and membership dues, and you will not enjoy all the rights of union membership. If you decide to be a non-member of the union and limit your financial obligation as described, as a non-member you will have a right to object to providing financial support to activities not germane to collective bargaining. If you are a non-member and do object, the union will reduce your financial obligation proportionally, and you will pay what is called a "fair share fee" for union expenditures germane to collective bargaining. The union will also apprise you of the percentage of the reduction in fees for objecting non-members, and will provide you with information by which you may assess whether the union has correctly calculated the percentage. Objecting non-members have a right to challenge the union's calculation of the percentage and will receive information about the union processes for filing such challenges. If you elect to be a non-member and limit your obligation to the union to the payment of fees equal to the standard initiation fee and periodic dues and/or if as a non-member you object to providing financial support to activities not germane to collective bargaining and/or if you challenge the calculation of the fair share fee, you must notify the union in writing by mailing a notice of your decision to the Secretary-Treasurer of SEIU Healthcare 1199NW, 15 S Grady Way Ste. 200, Renton, WA 98057. You should include your name, address, employer and work location. If you elect not to be a member of the union, and/or to object, and/or to challenge the union's calculations, the union will nevertheless continue to represent you.

## NEW MEMBERSHIP FORM



Healthcare works best when healthcare workers have a voice. By joining together in a union, SEIU Healthcare 1199NW members speak with a united voice for quality healthcare and good jobs. We work together to safeguard the delivery of quality care, improve the work environment in our facilities, and advocate for access to affordable healthcare for everyone.

Be a part of the movement for quality care for our community. Dues are 1.8 percent of your pay, with a cap of \$90/month. To join, fill out this form and mail to the union office.



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## We're stronger together

## Membership application

I support healthcare workers' effort to unite and advocate for quality healthcare and good careers. I hereby request and voluntarily accept membership in Service Employees International Union Healthcare 1199NW and authorize SEIU Healthcare 1199NW as my exclusive representation in collective bargaining with my employer.

First name	Last name	
Street Address		
City	State	Zip
Home phone with area code		Cell phone*
Personal e-mail address		Employee ID number
Hospital/clinic/agency		Date hired
Department/unit	Job class	Shift
Signature		Date

\*By providing my phone number, I understand that SEIU and its locals and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

## Yes! I'm standing with my co-workers

### Authorization for payroll deduction

I, \_\_\_\_\_  
(PRINT FIRST AND LAST NAME)

hereby request and voluntarily authorize my employer to deduct from my wages and to pay SEIU Healthcare 1199NW any initiation fee (unless not allowed by law or if employed prior to the signing of an initial collective bargaining agreement) and an amount equal to the regular monthly dues or fees uniformly applicable to members of SEIU Healthcare 1199NW. This authorization shall remain in effect and be irrevocable for a period of one year or until the termination of the collective bargaining agreement between my employer and SEIU Healthcare 1199NW, whichever occurs sooner. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. mail to both the employer and SEIU during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and SEIU, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in SEIU.

SIGNATURE

DATE

Employee ID: \_\_\_\_\_

## Hold politicians accountable

### SEIU political action—Healthcare leadership fund

First name

Last name

SIGNATURE

(My signature indicates I agree to the terms below.)

Because decisions made by politicians in Olympia and Washington D.C. affect healthcare funding and our jobs, SEIU members get involved to hold politicians accountable on our issues.

Contributions to the SEIU Committee On Political Education (COPE) are used to support elected officials who are committed to improving healthcare.

I hereby authorize a payroll deduction on my behalf to

withhold (choose one)\* ☐ \$5.00 ☐ \$7.00 ☐ \$10.00  
per pay period to be forwarded to SEIU Healthcare 1199NW.

Contributions or gifts to SEIU COPE are not tax deductible.

This authorization is made voluntarily based on my specific understanding that (1) I am not required to sign this form or make voluntary COPE contributions as a condition of my employment by my employer or membership in the union; (2) I may refuse to contribute without any reprisal; (3) Only union members and executive/administration staff who are U.S. citizens or lawful Permanent Residents are eligible to contribute to SEIU COPE; (4) The amounts on this form are merely a suggestion, and I may contribute more or less by this or some other means without fear of favor or disadvantage from the union or my employer; (5) SEIU COPE uses the money it receives for political purposes, including but not limited to addressing political issues of public importance and contributing to and spending money in connection with federal, state and local elections and addressing political issues of public importance. This authorization shall remain in effect until revoked by me in writing via U.S. mail to SEIU Healthcare 1199NW.

## Building our union strength

☐ Yes, I want to join the Rapid Response Network and stand up with my neighbors and patients at events that advance our goals and justice

☐ Yes, I want to advocate for patients in Olympia

When we bargain, we are the strongest when we are united across all of our differences and when we recognize the value of the unique experiences and backgrounds that each of us bring to the table. In order to be the strongest and most representative union possible, we want to make sure each of us is well represented in our priorities and at the bargaining table. That's why we're sharing about our cultural backgrounds, the languages we speak, and our ages. Please share more about yourself to help build our strength and make sure our union is inclusive of everyone:

My ethnicity

The language I speak at home  
other than English (if any)

Year of my birth